

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

ITEM NO.

FILED DATE

APPLICANT(S)

10/574302

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	5	↓		↓		↓	
TOTAL DEP.	3	←		←		←	
TOTAL CLAIMS	8						